| OF PUBLIC SAPETY TRAFFIC C | LOCAL REPORT NUMBER* | | | | | | | | | | |
|--|--------------------------|---|---|---------------------------------------|--------------|--|---------------------------------------|---|--|--|--|
| PHOTOS TAKEN OH-2 | OH-3 | 19-2773 | | | | | | | | | |
| SECONDARY CRASH OH-1P | OTHER R | HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 7 98 - ANIM. | | | | | | | | | |
| COUNTY* LOCALITY* LOC | ROPERTY | 2 - UNSOLVED UL 99 - UNKNOW CRASH DATE / TIME* CRASH SEVERITY | | | | | | | | | |
| 45 1 1 1 CITY LLAGE LL | eath (Fou | 12142019 1531 5 1-FATAL | | | | | | | | | |
| | <u> </u> | LATITUDE DECIMAL DEGREES 2 - SERIOUS INJURY SUSPECTED | | | | | | | | | |
| SR 179 : | B-EAST H | 40 033 | 40 033651 3-MINOR INJURY SUSPECTED | | | | | | | | |
| | L-NORTH RI | 1 | LONGITUDE DECIMAL DEGREES 4-INJURY POSSIBLE | | | | | | | | |
| | EAST 6 | -82,434 | 458 | 5 - PROPERTY DAMAGE ONLY | | | | | | | |
| REFERENCE POINT DIRECTION 1 - INTERSECTION 1 - NOF | IR - IN | ROUTE TYPE TERSTATE ROUTE(TP) | AL - ALLEY | ROAD TYPE HW- HIGHWAY | RD - ROAD | CO1 | INTERSECTION RE | | | | |
| 3 2 · MILE POST 2 · SOL | ITH US-FE | SQ - SQUARE ST - STREET | _4_ | | | | | | | | |
| DISTANCE DISTANCE | | WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | | | | | | | | | |
| FROM REFERENCE UNIT OF MEASU | RE .ES TR-NU | ROADWAY | | | | | | | | | |
| 30 2 2-FEE | | ROADWAY DIVIDED | | | | | | | | | |
| LOCATION OF FIRST HARM | ROSSOVER | DIRECTION OF TRAVEL MEDIAN TYPE | | | | | | | | | |
| 0 1 2 · ON SHOULDER 10- | DRIVEWAY/AL | LEY ACCESS 2 | TWO MOTOR | 5 - BACKING | ` | 1 - NORTH 2 - SOUTH | (<4 | DEÐ FLUSH MEDIAN FEET) | | | |
| 4 - ON ROADSIDE 12- | SHARED USE | | VEHICLES IN | 6 - ANGLE 7 - SIDESWIPE, SA | ME DIRECTION | 3 - EAST 4 - WEST | 3 - EAST 2 - DIVIDED FLUSH MEDIAN | | | | |
| 1 2.04 dove | TRAILS BIKE LANE | I | | 8 - SIDESWIPE, OF 9 - OTHER / UNKN | | | 4 - DIVI | /IDED, DEPRESSED MEDIAN /IDED, RAISED MEDIAN | | | |
| 7 - ON RAMP 14- | TOLL BOOTH OTHER/UNKN | | | | | | I | (TYPE) ER/UNKNOWN | | | |
| WORK ZONE RELATED | ٧ | VORK ZONE TYPE | LOCATIO | IN OF CRASH IN V | VORK ZONE | CONTOUR | CONDITIONS | SURFACE | | | |
| WORKERS PRESENT | | NE CLOSURE NE SHIFT/CROSSOVER | 1 | - BEFORE THE 1S WARNING SIGN | T WORK ZONE | 1 | _2_ | [2_ | | | |
| LAW ENFORCEMENT PRESENT | 3-W0 | RK ON SHOULDER | | - ADVANCE WARN | | 1 · STRAIGHT LEVEL | | | | | |
| | | MEDIAN FERMITTENT OR MOVING W | I | - TRANSITION AR - ACTIVITY AREA | LA | 2 - STRAIGHT GRADE | 2 - STRAIGHT GRADE | | | | |
| ACTIVE SCHOOL ZONE | 5 - OT | HER | 5 | - TERMINATION A | REA | 1 | | | | | |
| LIGHT CONDITION 1 - DAYLIGHT | | WE/ | ATHER 6 - SNOW | | | 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL, STONE | | | | | |
| 2 - DAWN/DUSK | - 1, | 1 2-CLOUDY | 7 - SEVERE | CROSSWINDS | | | 6 - WATER (STANDING, MOVING) 5 - DIRT | | | | |
| 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE | | | | | | | 7 - SLUSH 9 - OTHER/UNK | | | | |
| 5 - DARK – UNKNOWN ROADWAY 9 - OTHER / UNKNOWN | LIGHTING | 5 - SLEET, HAIL | 99 - OTHER | / UNKNOWN | | | 9 - OTHER/UNKNOW | /N | | | |
| NARRATIVE | <u> </u> | | | - | | | | Indicate the north | | | |
| Unit #2 was stationary at the inte | rsection of | Hebron Rd and Radia | ın Dr. Unit #1 | | | | + | direction with an "N" on the | | | |
| then rear ended Unit #2 causing | minimal da | mage. Nothing further | ſ | 20 | | | | compass diagram. | | | |
| | | | | | 1 | | (| N - | | | |
| | | | | | | | | | | | |
| | | | | | i | il | No | To Scale - | | | |
| | | | | - Rd | | . | DEMONSTRATION OF | | | | |
| | | | | Hebron | | ' | 674 Hebro | n Rd – | | | |
| Harvestina de Grandella de Propinsione de Constantina de Constanti | | | | - SR 79/ | | | | _ | | | |
| | | | | | ; | \$ 1 | | | | | |
| | | | | | | | | | | | |
| | ww.m. + m.a m.a | | | <u> </u> | | F | | | | | |
| | | | | | | | | | | | |
| CRASH REPORTED DATE / TIME | nie | PATCH DATE / TIME | I DA | RIVAL DATE / TIM | ! E | SCENE CLEARED I | ATE/TIME I | REPORT TAKEN BY | | | |
| 12142019 1531 | 1214 | | 1214 | | | 12142019 | 1559 | POLICE AGENCY | | | |
| TOTAL TIME OTHER TOTAL OFFICER'S NAME* CHE | | | | | | HECKED BY OFFICER'S NAME | | | | | |
| ROADWAY CLOSED INVESTIGATION TIME | | WALFOLL, III | | * | 55 | SUPPLEMENT (CORRECTION OR ADDITIO | | | | | |
| | 26 | OFFICER'S | BADGE NUMBER | 5 , o | — CHECKED | D BY OFFICER'S BADGE NUMBER* TO AN DISTING PERRIT SEAT TO 00953 | | | | | |
| HSY7001 OH1 1/19 [760-0820] | <u> </u> | | | الستسب | | (1.3.17 | | PAGE 1 OF 5 | | | |

| CHOO DEPARTMENT MOTORIST / NON-MOTORIST | | | | | | | 19-2773 | | | | | | | | |
|--|--|--|------------------------------|--|--|---|---------------------------------|---|--|--|---|---|-----------------------|--|--|
| UNIT # NAME: LAST, FIRST, MIDDLE O. 1 MONTGOMERY, JONATHAN S | | | | | | | | 04081992 | | | | | | | |
| Mark The Control of t | DDRESS: STREET, CITY, STATE, ZIP | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| 0 | | VALLEY RD NEW | ARK O | H 43055 | 5 | | | | | | | | | | |
| INJURIES | E INJURIES INJURED EMS AGENCY (NAME) TAKEN 1 S 5 BY 1 | | | | INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0.4 | | | DOT-COMPLIANT O 1 | | | AIR BAG USAGE EJECTION TRAPPED | | | | |
| OL STATE | | | | OFFENSE CHARGED LOCAL CODE | | | Speed/AC | | | - 1 | N211001 | | | | |
| ≥ OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELEC | DIS | VER TRACTED | | | | CONDITION | STATUS TYPE VALUE | | | DRUG TEST(S | T SELECT UP TO 4 | | |
| 4 | | | BY | $1 \mid \mid$ | = | THER DRUG | KIJUANA | 1 | 1 | 1 | $\lfloor 1 \rfloor$ | | II 8 1 | | |
| # TINU | l | FIRST, MIDDLE | | 7 | | | | | DATE OF BIRTH | | AGE | GENDER | | | |
| 02 | 1 | MONICA | | | | | | | <u> </u> | | | | | | |
| | : STREET, CITY, ST HARDSC | RABBLE RD NW A | LEXAN | IDRIA C |)H 4 | 13001 | | | CONTACT | PHONE - INCLUDE AREA | CODE | | | | |
| INJURIES | INJURED TAKEN 1 | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFE | | | | SAFETY EQUIPMENT USED 04 | DOT-CO | MPLIANT 7 | ON AIR BAG | AIR BAG USAGE EJECTION TRAPPED | | | |
| OL STATE OH | | | | | OFFENSE CHARGED LOCAL CODE | | | OFFENSE DESC | RIPTION | JC - I | CITATION NUMBER | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | | 0151 | /CR ALCOHOL / DRUG SUSPECTED CO | | | CONDITION | CONDITION ALCOHOL TEST STATUS TYPE VALUE STAT | | | DRUG TEST(S) TUS TYPE RESULT SELECT HP TO 4 | | | | |
| $\frac{4}{\Box}$ | | | 8Y L_ | 1 OTHER DRUG | | | <u></u> | <u> </u> | L | | | | | | |
| UNIT# | NIT # NAME: LAST, FIRST, MIDDLE | | | | | | | | DATE OF BIRTH AGE GENDE | | | | | | |
| ADDRESS: | ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | ! | | | |
| DTORI | | | | | | | | | | | | | | | |
| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAP | KEN TO: | : MEDICAL FACILITY | NAME, CITY | SAFETY EQUIPMENT USED | DOT-Co | | ON AIR BAG | USAGE EJECTION | TRAPPED | | |
| | | | | OFFENSE CHARGED LOCAL C | | | OFFENSE DESC | | CITATION NUMBER | | | | | | |
| OF CLASS | ENDØRSEMENT | RESTRICTION SELECT | UPTO3 DRIV | /FR | AI CO | | | | ALCOHOL TEST | | | DRUG TEST(S) | | | |
| OL CLASS | | | | RACTED ALCOHOL MARIJUANA | | | CONDITION | STATUS T | | STATUS | | SELECTUPTO 4 | | | |
| L INJU | LILIRIES | SEATING POSITION | | IR BAG | 01 | THER DRUG OL CLASS | | OL RESTRIC | LUL L | DRIVER DISTRAC | TION | TEST STA | <u> </u> | | |
| 1 - FATAL | | 1 · FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPI | prover a consentrative and | | 1-CLASS A | | 1 - ALCOHOL INTERI | Charles and Company | 1 - NOT DISTRACTED | THE RESERVE OF | 1 - NONE GIVEN | | | |
| 2 - SUSPECTED 3 - SUSPECTED | SERIOUS INJURY MINOR INJURY | JORY 2 - FRONT - MIDDLE 3 - DEPLOYER | | | (1) 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | 2 - CDL INTRASTATE 3 - CORRECTIVE LE | | FS ELECTRONIC COMMUNICA | | TION 3. TEST GIVEN CONTAMINATED | | | |
| 4 - POSSIBLE IN | | 3 - FRONT - RIGHT SIDE 4 - DEPLOYER | | | ED BOTH FRONT / SIDE 4 - REGULAR CLASS | | | 4 - FARM WAIVER | | DEVICE (TEXTING, TYPIN DIALING) | | SAMPLE/UNUSABLE | | | |
| 5 - NO APPAREN | IT INJURY | (MOTORCYCLE PASSENGER) 9 - DEPLOYME | | | MENT UNKNOWN 5 - M/C MOPED ONLY | | | 5 - EXCEPT CLASS A 6 - EXCEPT CLASS A | BUS 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | | | 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS | | | |
| INJURED 1-NOTTRANSP | TAKEN BY | 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE | | | | 6 - NO VALID OL | | & CLASS B BUS 7 - EXCEPT TRACTO | R.TRAILER | 4 - TALKING ON HAND-HE COMMUNICATION DEV | | UNKNOWN | | | |
| /TREATED AT | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | ECTION | :: 41 E.S. | OL ENDORSEM | IENT | 8-INTERMEDIATE | | 5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE | HAN | ALCOHOL TES | STTYPE | | |
| 2 - EMS 3 - POLICE | | 8 - THIRD - MIDDLE | 1 - NOT EJEC 2 - PARTIALL | | | H - HAZMAT M - MOTORCYCLE | | 9 - LEARNER'S PER | MIT | 6 - PASSENGER | | 2 - BL000 | | | |
| 9-OTHER/UNK | NOWN | 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION | EJECTED P - PASSENGER | | | RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY | | 7 - OTHER DISTRACTION ONLY INSIDE THE VEHICLE | | 3 - URINE 4 - Breath | | | | | |
| AUTOMORPH AND ADDRESS. | QUIPMENT | OF TRUCK CAB 11 - PASSENGER IN OTHER | 4 - NOT APPL | | | N - TANKER Q - MOTOR SCOOTER | | 11 - LIMITED TO EMP | LOYMENT | 8 - OTHER DISTRACTION THE VEHICLE | OUTSIDE | 5 - OTHER | | | |
| 1 - NONE USED 2 - SHOULDER B | BELT ONLY USED | ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, | OSED CARGO AREA | | | R-THREE-WHEEL MOTORCYCLE 12-LIMITED - OTH | | | R 9 - OTHER / HNKNOWN | | | DRUG TEST TYPE | | | |
| 3 - LAP BELT ON | ILY USED | PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED | TH CAP) 2 - EXTRICATED BY | | | T - DOUBLE & TRIPLE TRAILERS CONTRO | | (SPECIAL BRAKE CONTROLS, OR OT | (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | CONDITION 2 | | 1 - NONE 2 - BLOOD | | |
| 4 - SHOULDER & 5 - CHILD RESTR | | CARGO AREA | ARGO AREA 3 - FREED BY | | | X - TANKER / HAZMAT | | | (ES) Les only | 1 - APPARENTLY NORMAL INLY 2 - PHYSICAL IMPAIRMENT | | 3 - URINE | | | |
| FORWARD FA 6 - CHILD RESTR | | 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR | DING ON VEHICLE EXTERIOR | | | ANICAL MEANS GENDER | | | SWITHOUT | ITHOUT 3 - EMOTIONAL (E.G., DEPRESSED | | | | | |
| REAR FACING | 6 | (NON-TRAILING UNIT) 15 - NON-MOTORIST | | F - FEMALE M - MALE | | | AIR BRAKES 16 - OUTSIDE MIRROF | ANGRY, DISTURBED) 4- ILLNESS | | WICE DAY | DRUG TEST RESULT(S) 1-AMPHETAMINES | | | | |
| 8 - HELMET USE | | 99 - OTHER / UNKNOWN | | | | U - OTHER / UNKNOWN | | 17 - PROSTHETIC AID 18 - OTHER | | 5 - FELL ASLEEP, FAINTEI FATIGUED, ETC. | A ZEE YES | 2 - BARBITURATES | | | |
| 9 - PROTECTIVE (ELBOW, KNE | | | | | | | | 10- OI HER | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRI | E | 3 - BENZODIAZEPINI 4 - CANNABINOIDS | 19 | | |
| 10 - REFLECTIVE | CLOTHING | | | | | | | | | /ALCOHOL | | 5 - COCAINE | | | |
| 11 - LIGHTING - P / BICYCLE ON | ILY | | | | | | | | | 9- OTHER / UNKNOWN | | 6 - OPIATES / OPIOID 7 - OTHER | 9 | | |
| 99 - OTHER/ UNKNOWN | | | | | | | | | | | | 8 - NEGATIVE RESUL | .TS | | |

| OF PUBLIC SAFETY UCCUPANT / WITNESS ADDENDUM | | | | | | | | 19-2773 | | | | | |
|---|--|------------------------|---------------------------------------|--|---|--|--|-----------------------------------|---|--|----------|-----------|--|
| _ | 02 | | T, FIRST, MIDDLE R, KRISTEN SU | | 02131963 , , , , , , , , , , , , F | | | | | | | | |
| CCUPAN | | STREET, CITY, | STATE, ZIP FOWN ALEXAN | DRIA RD AL | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| 8 | INJURIES | INJURED TAKEN | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACIL | ITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED 1 | |
| | UNIT# | NAME: LAS | T, FIRST, MIDDLE | | | DAT | E OF BIRTH | | AGE | GENDER | | | |
| CCUPANT | ADDRESS: | STREET, CITY, | STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | |
| - T | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILI | SAFETY EQUIPMENT USED | | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| Ì | UNIT# | NAME: LAS | T, FIRST, MIDDLE | | DATE OF BIRTH AGE GENDER | | | | | | | | |
| CUPANT | ADDRESS: | STREET, CITY, | STATE, ZIP | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| 일- | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILI | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| ĵ | UNIT# | NAME: LAS | T, FIRST, MIDDLE | | | DAT | E OF BIRTH | | AGE | GENDER | | | |
| CCUPANT | ADDRESS: | STREET, CITY, | STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| _ | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILI | ITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| | | INJL | IRIES | SAFETY | ' EQUIPMENT USED | | SEATING POS | ITION | | AIR BAG U | SAGE | | |
| 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY INJURED TAKEN BY 1 - NOTTRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE | | | NOR INJURY RY NJURY TAKEN BY TED CENE | 2 - SHOULDE 3 - LAP BELT 4 - SHOULDE 5 - CHILD RE FORWARI 6 - CHILD RE REAR FAC 7 - BOOSTER 8 - HELMET | OCCUPANT IR BELT ONLY USED TONLY USED IR & LAP BELT USED ISTRAINT SYSTEM - D FACING ISTRAINT SYSTEM - DING SEAT USED | (MOTO 2 - FRON 3 - FRON 4 - SECOI (MOTO 5 - SECOI 7 - THIRD (MOTO 8 - THIRD 9 - THIRD | T - LEFT SIDE DRCYCLE DRIV T - MIDDLE T - RIGHT SIDE ND - LEFT SIDE DRCYCLE PASS ND - MIDDLE ND - RIGHT SIDE DRCYCLE SIDE DRCYCLE SIDE D - MIDDLE D - RIGHT SIDE PER SECTION O | ENGER) E CAR) | 3 - DEPLO' 4 - DEPLO' FRONT/ 5 - NOT AP 9 - DEPLO' 1 - NOT EJ 2 - PARTIA | YED FRONT YED SIDE YED BOTH SIDE PLICABLE YMENT UNK EJECTIO ECTED LLY EJECTE | | | |
| | 9 - OTHER / UNKNOWN GENDER F - FEMALE M - MALE U - OTHER / UNKNOWN | | | (ELBOW, I | | CARG BUS, P 12 - PASSI CARG 13 - TRAIL 14 - RIDIN (NON-1 | G ON VEHICLE (RAILING UNIT) | AILING UNIT,) NCLOSED | 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | | | |
| NESS | | T, FIRST, MIDDI | | | | | | DAT | E OF BIRTH | | AGE | GENDER | |
| ≩ | | STREET, CITY, | | | | | | | | , E | | | |
| NESS | NAME: LAST, FIRST, MIDDLE | | | | | | | DATE OF BIRTH AGE GENDER | | | | | |
| MIM | ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| LSS | NAME: LAST, FIRST, MIDDLE | | | | | | | DATE OF BIRTH AGE GENDER | | | | | |
| E & | ADDRESS: | STREET, CITY, | STATE, ZIP | | | | - | CONTACT PHONE | - INCLUDE AREA COD |)E | | | |